

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

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Pathogenesis of Maxillary Empyema.—DR. GEORGES MAHU, in a preliminary communication (*Annales des maladies de l'oreille et du Larynx, etc.*, August, 1905), concludes, as a result of the examination of 50 cadavers—that is to say, 100 maxillary sinuses—that he did not find a single true chronic sinusitis of dental origin in the whole 100 sinuses examined. Hence, it may be inferred that a maxillary empyema of dental origin is with difficulty transformed, or at any rate very slowly, into a true chronic sinusitis. He emphasizes the importance of precise diagnosis between these two affections. In the one the walls of the sinus are diseased and secrete the pus; the other, there is the breach of continuity in the walls of the sinus which gives ingress to pus from without. True sinusitis cannot be cured without curettage, while in maxillary empyema cure is obtained on disappearance of the cause of the suppuration, most frequently by the extraction of a tooth.

Osteomyelitis of the Upper Jaw with Ethmoiditis and Empyema of the Sinus.—LUBET-BARBON and F. FURER (*Annales des maladies de l'oreille, du larynx, du nez et du pharynx*, September, 1905) report an instructive case in a girl aged fifteen years. This case was submitted to a number of operations under the impression that the disease was due to suppuration of the sinus, and it was not until a year after its presentation, when already of seven or eight months' duration, that the true nature was revealed by an unilateral Rouge operation, lifting the soft parts from the bone and revealing an otitis of the maxillary bone. The cavity had been merely a receptacle, in which the pus from the diseased bone accumulated. Five months after this last operation the patient was apparently well, but was still showing evidences of continuous ethmoiditis.

Diphtheria Antitoxin in the Treatment of Goitre.—DR. ROBERT T. LEGGE, of McCloud, Cal. (*Journal of the American Medical Association*, April 22, 1905), reports two cases satisfactorily treated intentionally, after he had witnessed an accidental case of cure in a patient whom he had injected prophylactically for diphtheria.

Tuberculosis of the Tonsils.—In an article on "The Significance of Tuberculous Deposits in the Tonsils," read before the American Medical Association (*Journal of the American Medical Association*, May 6, 1905), DR. GEORGE B. WOOD, of Philadelphia, states that from clinical data collected in literature and from postmortem examinations made by himself, it is evident that in cases of pulmonic phthisis secondary

infection takes place more readily in the tonsils than in any other part of the respiratory tract. A summary of the literature and a detail of some experiments upon animals are presented in evidence. He finds that the faucial tonsils become inoculated in nearly all cases of advanced pulmonary phthisis, and that some form of primary tuberculosis will be found in about 5 per cent. of the cases of hypertrophied pharyngeal tonsils.

Oedematous and Constrictive Stenosis of the Larynx after Intubation in Diphtheria.—A study of certain complications and the sequels met in operative cases of laryngeal diphtheria by Dr. B. FRANKLIN ROYEN, Chief Resident Physician of the Municipal Hospital of Philadelphia (*American Medicine*, October 23, 1905), presents a very thoughtful exposition of the various sources of trouble, and the most suggestive methods of overcoming them. These difficulties are attributed to reflex apnoea, atony of the abductor muscles from the pressure of the tube, pressure upward and exhaustion of the adductor muscles, and pathological changes in the soft structures of the larynx and trachea, with other sequelae. It is intimated that some of these complications may be avoided by at least temporary removal of the intubation tubes at the end of forty-eight hours of insertion.

The doctor advises avoidance, if possible, of tracheotomy, as the patient is frequently unable afterward to breathe without the tube.

Rupture of the Oesophagus Due to Vomiting.—This case is reported by Dr. P. L. GUNCKEL, of Dayton, Ohio (*American Medicine*, October 23, 1905). Autopsy revealed a perpendicular rent in the oesophagus, three-quarters of an inch in length and one-half inch above the diaphragm on the left side. The left pleural cavity was filled with water, blood, and the contents of the stomach. The stomach was greatly dilated; all the other organs were apparently in a normal condition.

Laryngismus.—Dr. COLLET, of Lyon (*Annales des maladies de l'oreille, du larynx, du nez et du pharynx*, September, 1905), reports a case of relief of the laryngeal spasm of babies by the administration of *santonin*, 15 cg. doses, three times a day, in a woman aged fifty-one years, who denied or ignored any specific antecedent. The medicine was continued nearly two months without any inconvenience. The spasms continued absent between seven and eight months after the medicine had been suspended, when they recurred and were again controlled by the administration of the *santonin*.

Papillomatous Growths of the Larynx in Children.—Dr. L. D. BROSSE, of Evansville, Ind. (*Journal of the American Medical Association*, March 18, 1905), reports two cases: one in a boy, aged eleven years, and the other, presumptively congenital, in a female infant of nineteen months. The growths were satisfactorily removed—from the boy, with the intralaryngeal snare under cocaine anaesthesia, and in the infant, with the knife and snare after exposure by partial thyrotomy.

Dislocation of the Thyroid Cartilage.—Dr. FRANK W. SMITHIES, of Chicago (*Journal of the American Medical Association*, July 1, 1905), reports a case of dislocated thyroid cartilage of the larynx in a man